SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 HOUSE

APPLICATION FOR PERMIT 350 BAYFIELD COUNTY, WISCONSIN 250

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Date Spop (Referred) ITT E---Ciar m

Date:

Amount Paid: Permit #:

Refund:

#360 PTF 2880 678

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

Bayfield Co. Zoning Dept.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. UN 112015

	_	×				Conditional Use: (explain)	Condition		
		×	and the same of th			Special Use: (explain)	Special U		
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		×	The state of the s	Habitan Tarana T	Iteration (specify)	Accessory Building Addition/Alteration (specify)	Accessory		
		×				y Building (specify)	Accessory Building		
	,	×	The state of the s			Addition/Alteration (specify)	Addition/		
		×	No. of the latest state of		'e)	Mobile Home (manufactured date)	Mobile H		
		(×	cooking & food prep facilities) (or □ cooking &] sleeping quarters, <u>c</u>	Bunkhouse w/ (\square sanitary, or \square sleeping quarters,	Bunkhous		
	J	×		,	age	with Attached Garage		Se	☐ Commercial Use
		×				with (2 nd) Deck			
-	_	×				with a Deck			
	_	×				with (2 nd) Porch			
	_	×				with a Porch		e	🛚 🗏 Residential Use
		(x				with Loft			
l 1	~	×			hack, etc.)	Residence (i.e. cabin, hunting shack, etc.)	Residence		
2,750	50)	× 56 ×		THE PROPERTY AND ADDRESS OF THE PROPERTY OF TH	ure on property)	Principal Structure (first structure on property)	Principal :		
Square Footage	sions	Dimensions		(D)	Proposed Structure			\	Proposed Use
6/-4	Height: 4		Width:		Length:			ion:	Proposed Construction:
	Height:		Width:		Length:	r is relevant to it)	ng applied for	(if permit bei	Existing Structure: (If permit being applied for is relevant to it)
			None				***************************************		
			☐ Compost Tollet			☐ Foundation		Property	
		ce contract)		□ None	The same of the sa	1 1	ness on		
lon)	Vaulted (min 200 gallon)	Vaulted (Privy (Pit) or				existing bldg)	☐ Relocate (existing bldg)	
278	e: Mc COM	Specify Typ	☐ Sanitary (Exists) Specify Type: 1/1: € DINC	X 3		□ 2-Story	a	Conversion	>/c/000
Awell	e:	Specify Type:	☐ (New) Sanitary	□ 2	★ Year Round	☐ 1-Story + Loft	Alteration	☐ Addition/Alteration	70 20
☐ City		***************************************	☐ Municipal/City	1	☐ Seasonal	ダ 1-Story	truction	New Construction	X Signal
Water	tem /?	What Type of Sewer/Sanitary System Is on the property?	Wha Sewer/Sa Is on th	# of bedrooms	Use	# of Stories and/or basement	A	Project	Value at Time of Completion * include donated time &
				-				T T T T T T T T T T T T T T T T T T T	Non-Shoreland
No	No	et .	ture is from Shoreline:	Distance Structure	Pond or Flowage If yescontinue	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	/Land within	ls Property	Silvi Silvi
	Floodplain Zone?		feet		if yescontinue	Creek or Landward side of Floodplain?	dward side of	Creek or Lan	Shoreland
Are Wetlands	ls Property in		is from Shorelir	Distance Structure	m (incl. Intermittent)	☐ Is Property/Land within 300 feet of River, Stream (ind. Intermittent)	/Land within	ls Property	
eage	Acreage / 0	iZe	Lot Size	WING	Pox i	l, Range 18 8 W	, Township 749 Ms, Range	1	Section 503
		Subdivision:	Block(s) No. Subdi	Lot(s) No.	1 Vol & Page 5,783	Lot Lot(s) CSM	Gov't Lot	2 MS	S12 N12
Document: (i.e. Property Ownership) 543 Page(s) 18 S	hent: (i.e. Pro		Recorded Volume_	3000 i	<u>PIN</u> : (23 digits) 04- よみ4908 0310	(Use Tax Statement) PIN: (2		Legal Description:	PROJECT LOCATION
Written Authorization Attached Nes No	Written A Attached		Agent Mailing Address (include City/State/Zip):	ent Mailing Add			cation on behalf	on Signing Appli	Authorized Agent: (Person Signing Application on behalf of Owner(s))
Plumber Phone:	Plumbe			Plumber:	or Phone:	Contra	15000	400	Contractor:
			とうとして		e/Zip:	City/Statu			Address of Property:
114-5501	Call Phone:	54863	MING WI	ROAD PIRT	ARNEY	R18 NOW 81636	PRI	ONAIC	ALLANTO
	Telephone:		City/State/Zip:	City/s	- 1	Mailin			Owner's Name:
OTHER	F 1 1 1	SE B.O.A.	☐ CONDITIONAL USE ☐ SPECIAL USE	CONDITIONAL		☐ LAND USE ☐ SANITARY ☐ PRIVY	_ LAND	UESTED-→	TYPE OF PERMIT REQUESTED-

Date			Authorized Agent:
	ization must accompany this application)	gn or letter(s) of authori	(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Date 6-11-15	alla Ontion	alla	Owner(s): Comme of publicaci
	7	.	above described property at any reasonable time for the purpose of inspection.
administering county ordinances to have access to the	 n. 1 (we) consent to county officials charged with a 	fing in or with this application	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the
ALTIES , correct and complete. I (we) acknowledge that I (we) to issue a permit I (we) further accent liability which	IN WITHOUT A PERMIT WILL RESULT IN PENA the best of my (our) knowledge and belief it is true, and the best of my (our) knowledge and the bes	STARTING CONSTRUCTION examined by me (us) and to	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and companying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true.
			A dispersion of the second of

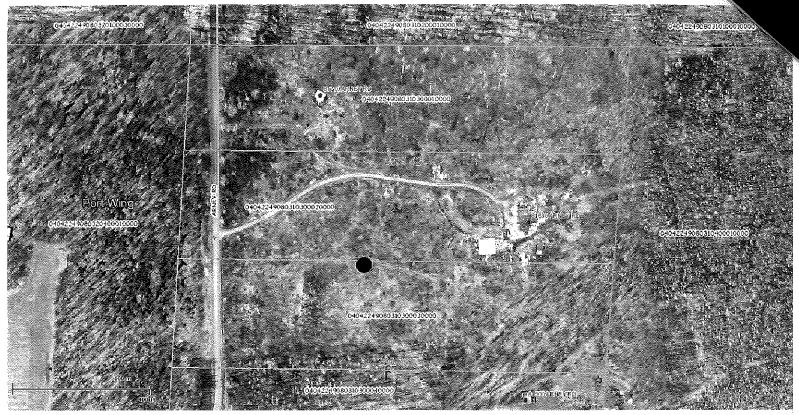
Other: (explain)

 \times

Address to send permit

®October 2013 HUSE BUIL a	Setback to Septic Tank or Holding Tank Setback to Septic Tank or Holding Tank Setback to Deriny (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the mother previously surveyed corner or marked by a literate surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet of the mereviously surveyed corner or marked by a literate surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but one previously surveyed corner or marked by a literate surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but one previously surveyed corner, or verifial marked by a literate of surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but one previously surveyed corner, or verifial marked by a literate of (Date). Permit Budde Inferrmation (County Use Only) Sale Permit Budde Inferrmation (County Use Only) Sale Permit Budde Inferrmation (County Use Only) Sale Particle (Date): Was Parcel a Sub-Standard Lot Sale #: Was Parcel a Sub-Standard Lot Sale #: Was Parcel Legally Created Sale (Peed of Record) Sale of Inspection: Was Parcel Legally Created Sale (Peed of Record) Inspection Record: Was Proposed Building Site Delineated Sale Permit According Sale Delineated Sale Permit Sale Sale Sale Sale Sale Sale Sale Sale	ilicate: licate: lition of (*): lition of (*): above (prior to measured to the measured to the measured road fight-of-Way le he
no Pen	Feet Elevation of Floodplain	Construction on Plot Plan and Yand (*) Frontage Road (Name Frontage Road) 3 Structures on your Property (*) Seprit Tank (ST); **) Despit Tank (ST); **) Privy (P) 3 River; (*) Stream/Creek; or (*) Pond ds; or (*) Stream/Creek; or (*) Pond ds; or (*) Slopes over 20% Changes in plans must be approved by the Plan Measurement Feet Setback from the Lake (ordinary high-water mark) Feet Setback from the Bank or Bluff
***************************************	Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet Feet No No No No No No No No No N	Measurement Feet Feet Feet Feet

Bayfield County, WI



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Bayfield County
• Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) CEE. Jul

Date: Permit #: Amount Paid: 3370 0189 200

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INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

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2015

Refund:

Non-Shoreland	□ Shoreland —		Section 500	2/2 N/2 5W/N+	PROJECT LOCATION	Authorized Agent: (Per	Contractor:	81630	Owner's Name:	DO NOT START CONSTRUCTION UNTIL ALI TYPE OF PERMIT REQUESTED—▶
	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yescontinue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section 503, Township 49 M N, Range 05 W	M/N/+ Gov't Lot Lot(s)	Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))		ARMY KOND	PRIBNOW	. PERMITS HAVE BEEN IS. LAND USE
	ike, Pond or Flowage If yescontinue	er, Stream (incl. Intermittent) If yes—continue —>	Town of: W PGRT) CSM Vol & Page	PIN: (23 digits) 408 C	Agent Phone:	Contractor Phone:	PORT WING	**************************************	SUED TO APPLYSMEND CO. ZOTIIN
	Distance Structure is from Shoreline :	Distance Structure is from Shoreline:	(WING	Lot(s) No. Block(s) No.	PIN: (23 digits) 408031030000	Agent Mailing Address (include City/State/Zip):	Plumber:	\$9865 1m , 0	City/State/Zip: w/NC, w	13
	4	#	Lot Size	Subdivision:	Recorded Docume	State/Zip):		S	6,W/5	
] Yes □ Yes □ No	Is Property in Are Wetlands Floodplain Zone? Present?	Acreage 16 A		Jment: (i.e. Property Ownership) Page(s) 18	Written Authorization Attached ☐ Yes ☐ No	Plumber Phone:		Telephone: 7/4-330	B.O.A. OTHER

Proposed Construction:	Evillation Charles					, , , , , , , , , , , , , , , , , , ,	* 16,000		Value at Time of Completion, * include donated time & material
Proposed Construction:			Property	Run a Business on	☐ Relocate (existing bldg)	☐ Conversion	☐ Addition/Alteration	New Construction	Project
i is televallitionly	5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		□ Foundation	□ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	沈 1-Story	# of Stories and/or basement
Length:	l ongth:						🏋 Year Round	Seasonal	Use
				¥ None		3	□ 2	<u> </u>	# of bedrooms
Width: Height: / 9		Zi None	☐ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	☐ (New) Sanitary Specify Type:	☐ Municipal/City	What Type of Sewer/Sanitary System Is on the property?
				t			□ Well	□ City	Water

	(x)	Other: (explain)		
	(x)	Conditional Use: (explain)		
	(X)	Special Use: (explain)		
	(×	Accessory Building Addition/Alteration (specify)		
1536	(少を×32)	Accessory Building (specify) SPORE AGA	ķ	□ Municipal Use
	(x)	Addition/Alteration (specify)		
	(x)	Mobile Home (manufactured date)		
	(x)	Bunkhouse w/ (☐ sanitary, or ☐ sleeping quarters, or ☐ cooking & food prep facilities)		
	(x)	with Attached Garage		☐ Commercial Use
	(x	with (2 nd) Deck		
	(x)	with a Deck		
erent eine der der der der der der der der der de	(x)	with (2 nd) Porch	!	
	(X)	with a Porch		X' Residential Use
	(X)	with Loft		
	~ ×	Residence (i.e. cabin, hunting shack, etc.)		
	(X)	Principal Structure (first structure on property)		
Square Footage	Dimensions	Proposed Structure	· /	Proposed Use

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

[(we) declare that this application (including any accompanying information) has been examined by me (us) and to the bast of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering country ordinances to have access to the above described appoints at any reasonable life for the purpose of inspection.

Owner(s):

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there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this approximately $\frac{1}{2}$	
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Authorized Agent:

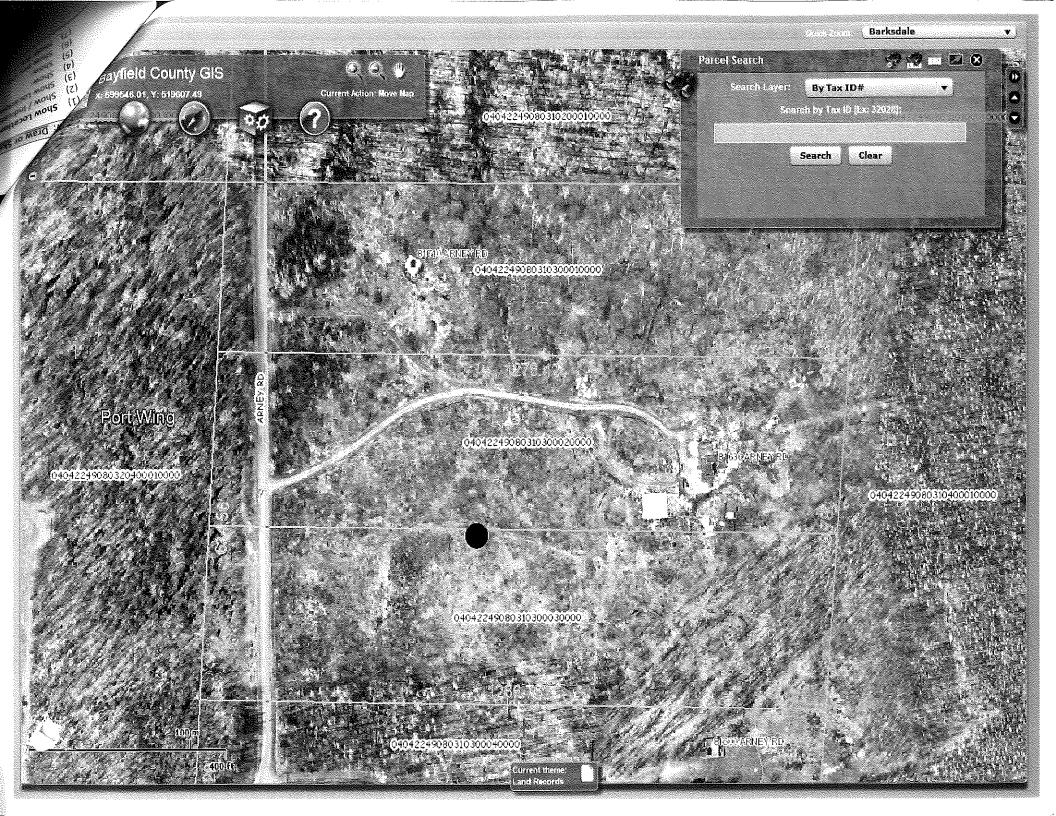
Address to send permit

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Date

Hold For Sanitary: Q Hold F	大学	Was Parcel Legally Created Was Proposed Building Site Delineated Inspection Record: 6 Law 1	ા છું ⊢	o ≥ - IU	Permit #: /5 - N&9	(9) Stake or Mark Proposed Loc NOTICE: All Land Use F For The Construction Of New O The lo Issuance Information (County Use Only)	Prior to the placement or construction of a structure mo- cate previously surveyed corner to the other previously s- marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10) feet of the minimum of the private	Setback to Septic Tank or Holding Tank Setback to Drain Field	Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line Setback from the West Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) – (7) above (prior to continuing) (8) Setbacks: (measured to the closest	(7) Show any (*):	(a) Show Location of: (b) Sly(Eq. (2) Show / Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show any (*):
Hold For Affidavit:	Inspected by Constant of the USTO TOWN THE STATE OF THE S	\ \[\[\] \		(Deed of Record)	Reason for Denial:	ation(s) of New Construction, 36 Permits Expire One (1) Year from the Remits Expire One (1) Year from	Figor to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from bine previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	equired setback, the bou		Feet	Feet Feet		Measuremen	te (1) – (7) above (prior to continuing) Setbacks: (measured to the closest point)	(*) Slopes over 20%	į.
t: Hold For Fees:	need to be attached.) HUMAN TO PRESS TO PRES	Were Property Lines Represented by Owner Was Property Surveyed Was Property Surveyed buff around 1944.	Previously Granted by Variance (B.O.A.)	Mitigation Required	A to running	eptic lank (SL), brain field (DF), Holding I he Date of Issuance if Construction or Use he unicipalities Are Required To Enforce The Un leral agencies may also require permits. # of bedrooms:	minimum required setback, the boundary line from which a corrected compass from a known corner within 500 feet	andary line from which the setback must be measured mus	Setback to Well	Elevation of Floodplain	Setback from Wetland 20% Slope Area on property	Setback from the Lake (ordinary high-water mark) Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be a		Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
		ed		Affidavit Required □ Yes □ No Affidavit Attached □ Yes □ No	valey, etz	ank (H.I.). Privy (P.). and weil (W). as not begun. ifform Dwelling Code. Sanitary Date:	the setback must be measured must be visible from of the proposed site of the structure, or must be	must be visible from one previously surveyed corner to the	Feet	[Feet No	rater mark) Feet	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.		nd/or (*) Privy (P)



SUBMIT: COMPLETED APPLICATION, TAX STATEM ENT AND FEE TO:

Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58 **Bayfield County**

BAYFIELD COUNTY, WISCONSIN

APPLICATION FOR PERMIT

Date Stamp (Received) [Tu 200 4 [j~u

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Date:

Permit #: 数 の 数 の O 090 7-86-80

Zonino Depi

Refund:

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Contractor:

A G & L'A?

Avent: (Person S INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICÂNT. Owner's Name: *C.らんべん* TYPE OF PERMIT REQUESTED-Non-Shoreland Address of Property: Proposed Construction: Existing Structure: (if permit being applied for is relevant to it) of Completion donated time & Value at Time Municipal Use Shoreland PROJECT LOCATION I (wie) declare that this application (including any accompanying information) ha am (are) responsible for the detail and accuracy of all information I (we) am may be a result of **Bayfield county** relying on this information I (we) am (are) above described property at any reasonable time for the purpose of inspection Residential Use Commercial Use Proposed Use include No. of Parties Section 🛠 0 Ч. X Relocate (existing ☐ Run a Business ☐ Addition/Alteration (What are ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes.—continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream Creek or Landward side of Floodplain? If yes— MI Conversion **New Construction** 6 , Township Project are you applying for) 1/4 < BIL ☐ LAND USE ☐ SANITARY 2 Residence (i.e. cabin, hunting shack, etc.) Principal Structure (first structure on property) Other: (exp Special Use: (explain) Mobile Home (manufactured date) Bunkhouse w/ X sanitary, or X sleeping quarters, or Accessory Building Addition/Alteration (specify) Accessory Building Addition/Alteration Conditional Use: (explain) FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES and complete. I (we) adknowledge that I (we) was accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) adknowledge that I (we) yo fall information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the n behalf of Gov't Lot PRIBA N, Range of Owner(s) and/or basement with a Porch with (2nd) Porch X1-Story + Loft with Attached Garage with (2nd) Deck with a Deck with Loft Basement No Basement #of Stories 2-Story 1-Story Foundation 30 W (specify) PIN: (23 digits)
04-072 7 15 364-245 Agent Phone: IIARY D PRIVY D CONDITIONAL USE

Mailing Address: City/State/Zip

&/ 630 / 1/2 NEY Br City/State/Zip: ≶ Contractor Phone: 1000 Proposed Structure Length: Length: -continue Seasonal Year Round 818 Use Town of: muco ol & Page 1 Å G, Agent Mailing Address (include City/State/Zip): HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp) Plumber: 2 Distance Structure is from Shoreline : feet Distance Structure is from Shoreline: bedrooms □ cooking & food prep facilities) 5 Lot(s) No. E. None N ٩. 18cc ROS ? Recorded Document: (i.e. Property

O. Block(s) No. Subdivisor 10 □ Comp Width: Width: □ Portable (w/service contract) Municipal/City (New) Sanitary Compost Toilet Sanitary (Exists) Specify Type:

Privy (Pit) or Uaulted (min 200 gallon) 000 WI MC ☐ SPECIAL USE Sewer/Sanitary System Is on the property? What Type of Lot Size Specify Type B.O.A. Telephone: **Dimensions** Is Property in loodplain Zone? $\times | \times |$ $\times |\times| \times |$ |×| × × × Height: □ 20 □ Yes 5 Cell Phone: Plumber Phone Written Authorization Acreage 100011 OTHER 787 Are Wetlands
Present?

Yes

No 3 \$ \$3 Footage y Ownership) Square 83 Water 0 City 1

Authorized Agent:

(If you

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send permit

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Attach

Septy of Tax Statement
the property send your Recor

Recorded Deed

purchased the

y this application)

Date

Owner(s):

(If there are Multiple

listed on

Deed All Owners must sign or letter(s) of authorization

must accompany this application)

			-federature)											101:01	امرام	ي ان											M (JO) A		
Hold For Sanitary	spector:	so prevenueses	Date of Inspection: 4 5 4 Condition(s): Town, Committee or Board	Inspection Record: 2 principal by dividing	Was Parcel Legally Created Was Proposed Building Site Delineated	Granted by Variance (& O.A.) Case #:	Is Parcel a Sub-Standard Lot	Permit#: 15-090	Issuance Information (County Use	(9) Stake or Mark Prop NOTICE: All For The Construction	rifor to the placement or construction of a structure of other previously surveyed corner or marked by a license prior to the placement or construction of a structure mone previously surveyed corner to the other previously marked by a licensed surveyor at the owner's expense.	Setback to Privy (Portable, Composting) Setback to Privy (Portable, Composting)	Setback to Septic Tank or Holding Tank	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	(8) Setbacks: (measured to the closest point)	Please complete (1) - (7) above (prior to	90' 164'	10	1/6	Not	boo	ed	C. C	Show: (6) Show any (*): (7) Show any (*):	Pi Adion of: //indicate: // Adion of: //indicate: // Adion of: // Adio	14: 21 911
d For TBA: Hold For Affidavit:		of walk space er	Conditions Attached? If Yes I No - (If No they i	on party smile page	Xyes O No	Previoedly Granted by Yes No	(Deed of Record) (Fused/Contiguous Lot(s)) (Fused/Contiguous Lot(s))	15.3	se Only) Sanitary Number: Reason for Denial:	notice: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun 22 / RPM - 282671 The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. HT = 282671 The local Town, Village, City, State or Federal agencies may also require permits. Comm. Principalities & Comm. Principalitie	rito (rie placement or construction of a service received at the owner's expense, er previously surveyed corner or intarked by a licensed surveyor at the owner's expense, and the minimum required setback, the boundary line from which the service the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the service placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the service placement of the service of the service of the service of the service of the connection of the service	Feet Feet minimum required setback, the bou		Feet Setback fr		W + 105 Feet	Measurement	to the closest point)	or to continuing)		75	A NOW	75	an marina di managana di manag			(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P) (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond (*) Wetlands; or (*) Slopes over 20%	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Fronta	ach your Property (regardless of what you are applying for)
Hold For Fees:	Date of			Zoning District Lakes Classification (Date of Re-Inspection:	erty Lines Represented by Owner Was Property, Surveyed	w Variance (B.O.A.) Case t	□ Yes □ Yes	3	# of pedrooms:	ST), Drain field (DF), Holding Tank (HT), Privy (P) (SI), Drain field (DF), Holding Tank (HT), Privy (P) (SI), Are Required To Enforce The Uniform Dwelling Copies may also require permits.	ired setback, the boundary line from which the setback must be menpass from a known corner within 500 feet of the proposed site of t	ndary line from which the setback must be measured must be visible from one prev) Well	Setback from 20% Slope Area Elevation of Floodplain	om Wetland	Setback from the River, Stream, Creek Setback from the Bank or Bluff		Description	Changes in plans must be approved by the Planning & Zoning Dept.								SF); (*) Holding Tank (HT) and/or (*) Privy (P)	ge Road)	
A Committee of the Comm	Date of Approval: 76 6-15-1		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	rict (/ /) ffication (/ / /) -Inspection:			ired Yes No		150 = home one 97-400	b and Well (W) = / FRIM= 91-979 ode HT= 282671 pol= 96-5738 EH= 4857	tback must be measured must be visible from proposed site of the structure, or must be	eviously surveyed carner to the	Feet	Feet	Feet	Feet Feet	Feet	Measurement	anning & Zoning Dept.										